Washington Metropolitan Area Transit Commission

2016 Carrier Annual Report Form

Read the accompanying instructions	carefully before	completing this form.
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MAY = 9 2016

1	CARRIER	INFORMATION

*Telephone		Other Telephone	Fax	E-mail		
703-730-86	87	703-927-2850	703-730-8686 nbacoach101@aol.com			om
Mailing Address (if different from street address)		Apt./Suite	City	State	Zip	
*Street Address of Principal Place of Business		Apt./Suite	City	State	Zip	
13409 classic Ct			Woodbridge	VA	22192	
*WMATC No.	*Name of Carri	er (as shown on certificate	of authority)			
305	NBA Corporation /NBA Coach					

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

618005		680	4039
USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

*Telephone	Other Telephone	Fax	E-mali
703-927-2850	703-927-2850	703-730-8686	nbacoach101@aol.com
*Name		*Title	
Chaudrey N Kamal		President	

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS *Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see

Bilal bin Nasir	571-422-6984 bilal619-urs@hotmail.com		
Name of Registered Agent for Service of Process	Telephone	E-mail	
7426 Wilma Lane	Lorto	n VA	22079
Agent Address (must be inside Metropolitan District)	Apt./Suite City	State	e Zip

;	*CHANGES: Describe any merger, consolidation or other change in management, ownership, control, of form of organization that occurred after the previous year's annual report was filed, or if not applicable after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certificate that no such changes have occurred.						
2007	' VANHC	OOL Bus be	een Sold March 2016		A	··· / / ··· / ··· · · · · · · · · · · ·	
a	ittach a coi	mplete vehicle	EHICLES USED IN WMATC (e) list to both pages of this form. de all required information.	OPERATIONS: (1) If you have more the	list your v an 10 vehi	ehicles be cles in you	elow or (2 ur fleet, yo
Fleet N		*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchai Lift or Ramp Yes/No
02	2009	VANHOOL	YE2CC19B292046869	019-P58	MD	57	NO
03	2004	Chevy	IGBE5V1174F505617	020-P29	MD	33	NO
104	2012	VANHOOL	YE2CC1AB6C2047803	031-P18	MD	57	NO
· -,·							
l certif	CERTIFICA y that this ned it, and	report, includ	ing any attachments, was prep nation contained in it is true, cor	ared by me or unde rect, and complete a	r my supe s of this da	rvision, th	at I have
Chau	drey N K	amal		James .			
Name (t	/pe or print)			*Signature	to get the second	· · · · · · · · · · · · · · · · · · ·	
Presid	dent	sole proprietors)		5/06/2016	****		